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## BIB DATA SHEET

CONFIRMATION NO. 6008

<b>SERIAL NUMBER</b> 10/592,910	<b>FILING or 371(c) DATE</b> 05/14/2007 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> CRD5075USPCT	
<b>APPLICANTS</b> James H. Silver, Palo Alto, CA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/13039 04/15/2005 OK /JAH/ which claims benefit of 60/562,456 04/15/2004 OK /JAH/ <b>** FOREIGN APPLICATIONS *****</b> NONE /JAH/ <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/30/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JONATHAN A HOLLM/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> <del>7</del> 6	<b>INDEPENDENT CLAIMS</b> <del>2</del> 1
<b>ADDRESS</b> PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 UNITED STATES					
<b>TITLE</b> Long-Term Retrievable Medical Filter					
<b>FILING FEE RECEIVED</b> 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		